

21861
031104
U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL

Our Docket No.: 33365/US/3

First Named Inventor: Ronald Nordquist

Title: Method and System for Collecting Used Medical Devices

Express Mail No.: EV325427098US

ADDRESS TO:

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

O P
U.S.PTO
22390
10/7/2004
031104

APPLICATION ELEMENTS

1. Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status
3. Specification Total Pages: 21
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Re: Fed. Sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings
 - Detailed Description
 - Claims
 - Abstract of the Disclosure
4. Drawings (35 U.S.C. 113) Total Sheets: 17
5. Oath or Declaration Total Pages:
 - a. Newly Executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. 1.63(d))
(for continuation/divisional with
Box 19 completed)
 - i. DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application (37 C.F.R.
1.63(d)(2) and 1.33(b))
6. Application Data Sheet (37.C.F.R. 1.76)
7. CD-ROM or CD-R in duplicate,
large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. Certification Under 35 U.S.C. 122(b)(2)(B)(i)
10. Assignment Papers (cover sheet & document(s))
11. 37 C.F.R. 3.73(b) Submission
12. Power of Attorney
13. Information Disclosure Statement
(with Copies of Citations as necessary)
14. Preliminary Amendment Total Pages:
15. Certified Copy of Priority document(s)
(if foreign priority is claimed)
16. English Translation Document (if applicable)
17. Return Receipt Postcard
(Should be specifically itemized)
18. Other
 - Check No. _____ for \$ _____.
 - Copy of Power of Attorney from prior application
 -
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CONTINUATION APPLICATIONS

19. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information:

Continuation
 Division
 Continuation-in-Part (CIP)

of PRIOR APPLICATION

No. _____, filed _____
and also claims priority from
_____, dated _____

For CONTINUATION or DIVISIONAL APPLICATIONS: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference.

CORRESPONDENCE ADDRESS

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Signature:	Date: March 11, 2004			